
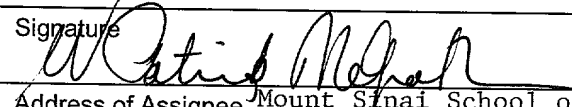


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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) 14336
<p>I hereby declare that:</p> <p>My residence and mailing address and citizenship are stated below next to my name.</p> <p>I am authorized to act on behalf of the following assignee: <u>Mount Sinai School of Medicine of the City of New York</u> Executive Director, and the title of my position with said assignee is: <u>Office of Industrial Liaison</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
<p>Name of Patentee(s): Steven M. Podos; Thomas W. Mittag; Bernard Becker</p>		
<p>Patent Number 6,037,368</p>	<p>Date of Patent Issued March 14, 2000</p>	
<p>Title of Invention 8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY</p>		
<p>I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY</u></p>		
<p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable)</p>		
<p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p>		
<p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p>		
<p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		
<p>At least one error upon which reissue is based is described as follows:</p> <p>Patentees' attorneys have only recently appreciated the disclosure of prior art publication W094/11002, and became aware of U.S. Patent No. 6,124,353, which issued after the issuance of the subject patent.</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p>		
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>		

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) 14336					
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name(s) Richard S. Clark</td> <td style="width: 50%;">Registration Number 26,154</td> </tr> <tr> <td>Janet M. MacLeod</td> <td>35,263</td> </tr> </table>				Name(s) Richard S. Clark	Registration Number 26,154	Janet M. MacLeod	35,263
Name(s) Richard S. Clark	Registration Number 26,154						
Janet M. MacLeod	35,263						
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>  <div style="text-align: center; margin-top: 5px;">Type Customer Number Here</div> </div> <div style="flex: 0.5; text-align: center; margin: 0 10px;">→</div> <div style="flex: 1; text-align: center;">   <small>PATENT TRADEMARK OFFICE</small> </div> </div> <p style="text-align: center; margin-top: 10px;"><b>OR</b></p>							
<input type="checkbox"/> Firm or Individual Name							
Address							
Address							
City	State	Zip					
Country							
Telephone	Fax						
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>							
Full name of person signing (given name, family name) W. Patrick McGrath							
Signature 		Date Jan 31, 2002					
Address of Assignee Mount Sinai School of Medicine, One Gustave L. Levy Place, Box 1675, New York, NY 10029-6564							
<b>Patentee</b> Steven M. Podos		Citizenship U.S.					
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<b>Patentee</b> Thomas W. Mittag		Citizenship U.S.					
Residence/Mailing Address 167 Woodland Drive, Pleasantville, NY 10570							
<input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.							

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket No. 14336

Additional Patentee

Bernard Becker

U.S.

8655 West Kingsbury, St. Louis, MO 63124

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2017-08-23